U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR GREANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13050	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Billy R Thompson	Name Teamsters Local Union No. 838		
	Labor Organization File Number 042299		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2400 NE 57th Terrace	Street 4501 Emanuel Cleaver II Boulevard		
City Gladstone	City Kansas City.		
State Missouri ZIP Code + 4 64118-5510	State Missouri ZIP Code + 4 64130 - 2368		
5. Position in labor organization. President			
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
Name and address of Employer (including trade name, if arry).	7.a. Nature of interest, Transaction, of mostre.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7 h Amount		
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Billy R. Thompson	On '03/13/2006 (816) 924-3460 Date Telephone Number		
	Date Telephone Number		

Name of Person Filing Billy Thompson	File Number U -			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any:	9. Business deals with: a. Labor Organization b. Taran			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Corsultant (including trade name, if any). Name Keith Mark Trade Name, if any: Attorney-at-Law P.O. Box, Bldg., Room No., if any Street 4501 Emanuel Cleaver II Boulevard City Kansas City State Missouri ZIP Code + 4 (64130-2368)	14.a. Nature of payment. !Christmas Gift of a Gift Certificate to any merchant on the Plaza in Kansas City, Missouri.			
	14.b. Amount of payment. \$50			
13.b. Is the Business an Employer or Consultant ?	1			

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			File Number U-
Name of Person Filing Billy	Thompson		Life identifies 6-
Maine or reison ining Billy	THOMPSON		
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a Nature of payment. Accidental Life Insurance Policy of \$2,000.00 given to all Teamsters Local 838 Members, Officers and Staff.	
trade name, if any). Name American Income Life Insurance Company		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 10307 Blue Ridge Boulevard		
City Kansas City		
State Missouri ZIP Code + 4 64134 -1914		
13.b. Is the Business an Employer , or Consultant ?	14.b. Amount of payment.	
	and B should be from any labor relations consultant to an employer any	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and 8 above) of from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	!	
City		
State ZIP Code + 4		
13.b. Is the Business an Employer grant or Consultant ? ?	14.b. Amount of payment.	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	1	
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant , ?	14.b. Amount of payment.	